

| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | | | THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE | | | PAGE 1 OF 11 PAGES | | | | |
|---|--------------------------|---|---|---|--|---|-----------------------|-------------------|--------------------------|--|
| 1. REQUEST NO. N00173-07-Q-0089 | | 2. DATE ISSUED 7-10-07 | | 3. REQUISITION/PURCHASE REQUEST NO. 63-6086-07 | | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 RATING | | | | |
| 5a. ISSUED BY Supply Officer (Code 3410) NRL Washington D.C. 20375-5329 | | | | | | 6. DELIVER BY (Date) 08-20-07 | | | | |
| 5b. FOR INFORMATION CALL: (NO COLLECT CALLS) | | | | | | 7. DELIVERY | | | | |
| NAME Cynthia V. Offutt | | | TELEPHONE NUMBER | | | <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | | | |
| | | | AREA CODE 202- | | | NUMBER 767-3452 | | | | |
| 8. TO: | | | | | | 9. DESTINATION | | | | |
| a. NAME All Quoters | | | b. COMPANY | | | a. NAME OF CONSIGNEE Naval Research Laboratory | | | | |
| c. STREET ADDRESS | | | | | | b. STREET ADDRESS 4555 Overlook Ave S.W. Bldg 49 | | | | |
| d. CITY | | | | | | c. CITY Washington | | | | |
| e. STATE | | | f. ZIP CODE | | | d. STATE DC | | | | |
| | | | | | | e. ZIP CODE 20375-5329 | | | | |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 7-19-07 | | IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter. | | | | | | | | |
| 11. SCHEDULE (Include applicable Federal, State and local taxes) | | | | | | | | | | |
| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | | | | | |
| | See continuation sheets | | | | | | | | | |
| 12. DISCOUNT FOR PROMPT PAYMENT | | a. 10 CALENDAR DAYS (%) | | b. 20 CALENDAR DAYS (%) | | c. 30 CALENDAR DAYS (%) | | d. CALENDAR DAYS | | |
| | | | | | | | | NUMBER PERCENTAGE | | |
| NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached. | | | | | | | | | | |
| 13. NAME AND ADDRESS OF QUOTER | | | | | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | | 15. DATE OF QUOTATION | | | |
| a. NAME OF QUOTER | | | | | 16. SIGNER | | b. TELEPHONE | | | |
| b. STREET ADDRESS | | | | | | | | | | |
| c. COUNTY | | | | | | | | | | |
| d. CITY | | | | | e. STATE | | f. ZIP CODE | | b. TITLE (Type or print) | |
| | | | | | | | | | NUMBER | |

| | | | | | | | |
|--|--|---------------------------|------|---|--------|-----------------|--|
| STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101 | | CONTINUATION SHEET | | REF. NO. OF DOC. BEING CONT'D N00173-07-Q-0089 | | PAGE OF 2 11 | |
| NAME OF OFFEROR CONTRACTOR | | | | | | | |
| All Quoters | | | | | | | |
| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT | | |
| 001 | Ion pump, 320 L/sec low profile, TiTan 30, Double 8" CFF; 13W x 413D x 325H (mm) (Part No. 400L308DSCNN) | 2 | ea | | | | |
| 002 | Digitel Ion pump controller with two high voltage sections for 2 pumps (Part No. MPC2US110232NN) | 2 | ea | | | | |
| 003 | Ion pump , 320 L/sec low profile, TiTan 20; 413W x 233D x 537H (mm) , single 8" CF flange (Part No. 400LX308SSCNN) | 1 | ea | | | | |
| 004 | Ion pump, 480 L/sec low profile, TiTan 30, 413W x 336D, 537H (mm), single 8" CF flange (part No. 600LX308SSCNN) | 1 | ea | | | | |
| 005 | High voltage cable for Ion pump, 6m long (Part No. 380047) | 4 | ea | | | | |
| | (Brand Name or Equal) | | | | | | |
| | If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-1708. | | | | | | |
| | Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@condor.nrl.navy.mil at least (5) days before closing date shown in block 10 on page 1 of this RFQ. | | | | | | |